

Rheumatologists to Define ‘Absence of Disease’

BY MARY ELLEN SCHNEIDER

NEW YORK — Building on the work in developing a clinical definition of remission in rheumatoid arthritis, a group of clinicians and researchers is interested in creating a complementary patient term called “absence of disease.”

Rheumatologists from around the world will begin discussing how to develop this patient-centered definition in

Malaysian Borneo in May at the next meeting of OMERACT (Outcome Measures in Rheumatology), an international network aimed at improving outcomes assessment in rheumatology.

It’s important to ask patients for their view of the “absence of disease” because they see “remission” so differently from physicians, Dr. Maarten Boers, a member of the OMERACT executive committee, said at a rheumatology

course sponsored by New York University. The current remission term is a classic physician-centric definition that is largely based on inflammation, he said.

“If you talk to patients, they talk about totally different things than we talk about in terms of disease,” Dr. Boers, a professor at VU University Medical Center in Amsterdam, said in an interview.

Although patients were involved in developing the remission definition by

OMERACT, that dimension wasn’t fully studied. This time around, the organization plans to spend about 2 years performing qualitative work.

The effort won’t have to start from scratch, though, Dr. Boers said, because there has already been qualitative work done on a related issue: the impact of disease, which could be interpreted as the opposite of the “absence of disease” concept. ■



KE, OR DEATH FROM CV CAUSES

ACE-I: Angiotensin-converting enzyme inhibitor. MI: Myocardial infarction. CV: Cardiovascular. ARB: Angiotensin receptor blocker.

MICARDIS 80 mg is now the only ARB proven to reduce CV risk in high-risk patients who are unable to take an ACE-I.

Supported by ONTARGET and TRANSCEND, two studies in a large-scale clinical program with entry criteria similar to those used in the HOPE trial with ramipril—MICARDIS® (telmisartan) 80 mg tablets reduce MI, stroke, or death from CV causes in a broad range of high-risk patients with or without hypertension.¹⁻³

*High risk is evidenced by a history of coronary artery disease, peripheral arterial disease, stroke, transient ischemic attack, or high-risk diabetes (insulin dependent or non-insulin dependent) with evidence of end-organ damage.



DO MORE TO REDUCE CV RISK.

References: 1. Micardis Pl. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; 2009. 2. Teo K, Yusuf S, Sleight P, et al; and the ONTARGET/TRANSCEND Investigators. Rationale, design, and baseline characteristics of 2 large, simple, randomized trials evaluating telmisartan, ramipril, and their combination in high-risk patients: the Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial/Telmisartan Randomized Assessment Study in ACE Intolerant Subjects with Cardiovascular Disease (ONTARGET/TRANSCEND) trials. *Am Heart J*. 2004;148:52-61. 3. Yusuf S, Sleight P, Pogue J, Bosch J, Davies R, Dagenais G; and the HOPE Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, ramipril, on cardiovascular events in high-risk patients. *N Engl J Med*. 2000;342:145-153.

Copyright © 2010, Boehringer Ingelheim Pharmaceuticals, Inc. All rights reserved. Printed in U.S.A. (02/10) MC72412PROF